

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chester R</i>		<i>09-28-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>KD</i>	<i>1121</i>	<i>10-18-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

*July 25  
10/18/01*